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STATE OF BOUNTS CAR OF THE			226743	•	
STATE OF SOUTH CAROLINA)		•		
(Caption of Case))	PUBI	BEFORE THE LIC SERVICE COMMISSION		
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NOV - 8 2010)	IKAN	SPORTATION COVER SHEE るのの コフューナ	T	
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C) nave a L	AN DOUGH	time fiting an application with the PSC, yenber. The Commission will assign one to y	m It was	
Salbo Enterprises Inc. OBA LIMO S	, nave me	d with the ld be enter	Commission before, a Docket Number up	bonyizza z	
(Please type or print) Submitted by:	Talant		OUT WAS CALL		
	Teleph	ione:	843.449.5466		
Address: 152 Clovis Cicle	Fax:				
Myrtle Beach SC 29	579 Other:		F. Hamman and a		
NATE: The market at the second	Email:	lim	oscencia scircioni	,	
NOTE: The cover sheet and information contained herein neith as required by law. This form is required for use by the Public be filled out completely.	er replaces nor suppl Service Commission				
				and must	
NATURE OF A	CTION (Check a)	ll that a	pply)		
Application - Class A/A Restricted		R	equest for Name Change on Certifica	ute	
Application - Class C Taxi			quest to Amend Scope of Authority		
Application - Class C Charter	TO COME		quest to Amend Tariff (rate increase	e etc.)	
Application - Class C Charter Bus	ער אייר.		quest to Amend Passenger Limit	. (10.)	
Application - Class C Non-Emergency	IOV _{0 8} 2010	□ <i>p</i>	quest		
Application - Class C Stretcher Van	* V 8 2010		hibit		
Application - Class E Household Goods CLE	RK'S OFFICE				
Application - Class F. Hazardous Waste	OFFICE	_	te-Filed Exhibit		
Application		_	lter		
Request for Extension to Comply with Order		_	posed Order		
• •	_		blisher's Affidavit		
Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded		Reservation Letter			
Request for Cancellation of Certificate			iponse		
Request for Suspension			urn to Petition		
Request for Reinstalement		Oth	er;		
, , , and the management			W. W. / 1 Males		
f you have any questions about this form please contain	ad Marian			_	
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JIC SERVICE COMMISSION at 803-896-5100.

Print Form

Reset Form

CLASS C REINSTATEMENT FORM

CLASS C REIN	CLASS C REINSTATEMENT FORM			
File the original with:				
Public Service Commission of South Carolina Clerk's Office Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896 - 5100	S.C. Office of Regulatory Star Transportation Departmen 1401 Main Street, Suite 90 Columbia, S.C. 2920			
FAX (803) 896-5199	(803) 737-057 FAX (803) 737-081			
DATE: 11-10-10				
Please consider this an application for Reinstaten	ment of my: RECEIVED			
Taxi Certificate Number	NOV -8 2010			
Charter Certificate Number <u>6594 - C</u> Charter Bus Certificate Number	T,T,W,W/W			
Non-Emergency Certificate Number				
am seeking reinstatement because were in	DO.T. stricker on the particular limo. ORS strickers also. Germed by D.R.S. that needed strikers			
Salbo Enterprises Inc. DI (Name of Company)	BA Limo Scene (if applicable)			
(Street Address)	(Mailing Address if different from Street Address)			
(City, State, Zip Code)	SC. 29579 De Saporto (Signature)			
(Telephone Number)	Daniel Saporita (Tible) Owner, President, etc.			
,	DRS Revised 2-22-10			
	NOV 0 8 2010			

CLERK'S OFFICE